Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

UNITED STATES

OMB Number: 3235-0076

Expires: May 31, 2005

04038260

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden bours per form

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
. 1						
DATE RECEIVED						

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)								
Limited Liability	y Company Mem	bership Interests						
	ck box(es) that app		☐ Rule 505	⊠ R₁	ıle 506	☐ Section 4(6)	☐ ULOE	
(
Type of Filing:	New Filing	☐ Amendment						
	100	A. BASIC	IDENTIFICATION	DATA				
1. Enter the infor	rmation requested a	bout the issuer						
Name of Issuer	(check if this is	s an amendment and name ha	as changed, and indica	ite chan	ge.)			
Unico Northwe	st Fund I, LLC				-			
Address of Execu	tive Offices	(Number and Stre	et, City, State, Zip Co	de) T	elephone	Number (Including Ar	ea Code)	
1301 Fifth Aver	nue, Suite 3500, S	Seattle, WA 98101			206) 628	, ,	,	
	pal Business Operat	<u> </u>	et, City, State, Zip Co	de) T	elephone	Number (Including Ar	ea Code)	·
(if different from	Executive Offices)	•	•		-	, ·	2000	
Brief Description of Business PROCESSED								
•								
Real Estate Hold	ing Company	•					JUL 26 200	4
Type of Business			· · · · · · · · · · · · · · · · · · ·				002 3 200	1
Corporation	Organization	☐ limited partnership, alr	andy formed		তো ,	other (please specify):	THOMSON	6
business trust		☐ limited partnership, an	•			ited Liability Company	EINANCIAL	B
Li business trust		Li minted partifership, to		37-		ited Liability Company	already formed	— <u> </u>
			Month	Ye	ar 			
Actual or Estimated Date of Incorporation or Organization: 0 6 0 4								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:								
CN for Canada; FN for other foreign jurisdiction) D E								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

351949.03

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing 	partner of part	nership issuers.				
Check Box(es) that Apply: □	Promoter	ĭ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Unico Investment Company						
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 350	0. Seattle. V	VA 98101				
	Promoter	☐ Beneficial Owner	☑ Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)					
Glancy, Alfred R. III						
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3500,	Seattle, WA 9	8101				
t	Promoter	☐ Beneficial Owner	ĭ Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Sperling, Dale R.						
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3500,	Seattle, WA 9	98101				
	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Lamb, John D.						
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3500,	Seattle, WA	98101				
Check Box(es) that Apply: □		☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	dividual)					
Belka, Michael						·
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3500,	Seattle, WA	98101				
Check Box(es) that Apply: □	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director		General and/or
Bliss, John F.						
Business or Residence Address	(Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3500,	Seattle, WA	98101				
Business or Residence Address		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(Use blan	k sheet, or copy and use addition	onal copies of this sheet, as	necessary.)		

Check Box(es) that Apply:	□ P	romoter	☐ Beneficial Owner	ĭ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	vidual)					
Kuhrau, Quentin W.							
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3	, 500 S.	oottle WA O	0101				
Check Box(es) that Apply:			☐ Beneficial Owner	⊠ Executive Officer	☐ Director	n	General and/or
			Denotional Strike				Managing Partner
Full Name (Last name first,	if indiv	vidual)					
Klatt, Larry							
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3:	500 S	eattle WA 9	R101				
Check Box(es) that Apply:		romoter	☐ Beneficial Owner		☐ Director		General and/or
							Managing Partner
Full Name (Last name first,	if indi	vidual)					
Laird, David							
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3	500. S	eattle. WA 9	8101				
Check Box(es) that Apply:		romoter	☐ Beneficial Owner		☐ Director		General and/or
E-UNI (Last and Carl	1.				· · ·		Managing Partner
Full Name (Last name first,	ii inai	viduai)					
LaMotte, Carol M.				· · · · · · · · · · · · · · · · · · ·			·
Business or Residence Addr	ess ((Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3	500, S	Seattle, WA 9	8101				
Check Box(es) that Apply:	□ P	Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director		General and/or
Full Name (Last name first,	if indi	vidual)					Managing Partner
Tun Name (Last name mst,	n mai	viduai)					
McCabe, Patrick		-	0' 0' 0' 7' 0 1				
Business or Residence Addi	ess ((Number and	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3	500, S	Seattle, WA 9	8101				
Check Box(es) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first,	if indi	ividual)	·				Ivialiaging Farther
		,					
Johansen, David G.	ranc /	(Mumbon and	Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·			
Dasiness of Residence Addi	1000 1	ליזמוווסבו מונת	Succi, City, State, Zip Code)				
1301 Fifth Avenue, Suite 3	500, S				· · · · · · · · · · · · · · · · · · ·		
		(Use blanl	sheet, or copy and use additi-	onal copies of this sheet, a	s necessary.)		

Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General a Managin	and/or g Partner
Full Name (Last name first, if individual)					
Gough, Christabel					
Business or Residence Address (Number and S	Street, City, State, Zip Code)		·····		
1301 Fifth Avenue, Suite	3500, Seattle,	WA 98101			
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General a Managin	
Full Name (Last name first, if individual)					
Tobin, Herbert A.					
Business or Residence Address (Number and S	Street, City, State, Zip Code)				
1301 Fifth Avenue, Suite	3500, Seattle,	WA 98101			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General a Managin	
Full Name (Last name first, if individual)					
Pettit, William D., Jr.					
Business or Residence Address (Number and S 1301 Fifth Avenue, Suite		WA 98101			
Check Box(es) that Apply:	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General a Managin	and/or g Partner
Full Name (Last name first, if individual)					
S Sixteen Limited Partne	rship				
Business or Residence Address (Number and S	Street, City, State, Zip Code)				
10148 W. Emerald Street,	Suite 101, Boi	se, ID 83704			
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General : Managin	and/or g Partner
Full Name (Last name first, if individual)	,				
Business or Residence Address (Number and S	Street, City, State, Zip Code)				
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General a	and/or ig Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and S	Street, City, State, Zip Code)				
(Use blank	sheet, or copy and use addition	onal copies of this sheet, as i	necessary.)		

	B. INFORMATION ABOUT OFFERING			
		Yes	No	
1.		X		
	Answer also in Appendix, Column 2, if filing under ULOE.			
2. What is the minimum investment that will be accepted from any individual?				
		Yes	No	
3.	Does the offering permit joint ownership of a single unit?	X		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis-sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
	Name (Last name first, if individual) ness or Residence Address (Number and Street, City, State, Zip Code)			
Dusii	ness of Residence Address (Number and Street, City, State, 21p Code)			
Nam	e of Associated Broker or Dealer			
State	s in Which Person Listed Has Solicited or Intends to Solicit Purchasers			
[. []	Check "All States" or check individual States)	☐ All [ID] [MO] [PA] [PR]	States	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total as already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange off check this box □ and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	ering,		
Type of Security	Aggregate Offering Price		Amount Already Sold
Debt	•		\$
Equity			\$
□ Common □ Preferred	Ψ		Ψ
Convertible Securities (including warrants)	\$	_	\$
Partnership Interests	\$		\$
Other (Specify Limited Liability Company Membership Interests	\$ <u>16,500,000</u>	_	\$ <u>16,500,000</u>
Total	\$ <u>16,500,000</u>		\$ <u>16,500,000</u>
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
Accredited Investors	Number Investors		Aggregate Dollar Amount of Purchases \$ 16,500,000
Non-accredited Investors			\$ 10,300,000 \$
Total (for filings under Rule 504 only)			p
Answer also in Appendix, Column 4, if filing under ULOE.		_	\$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
Type of Offering	Type of Security		Dollar Amount Sold
Rule 505		_	\$
Regulation A		_	\$
Rule 504	-	_	\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$ <u>-0-</u>
Printing and Engraving Costs			\$0-
Legal Fees	***************************************	X	\$ <u>150,000</u>
Accounting Fees	***************************************	X	\$_10,000
Engineering Fees			\$0-
Sales and Commissions (specify finders' fees separately) Finders Fees		X	\$ <u>456,250</u>
Other Expenses (identify) Blue Sky fees		X	\$_700
Total		X	\$616,950

1.10	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROC	CEEDS					
	b. Enter the difference between the aggregate offering price in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 15,883,050					
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		* <u></u>					
		Payments to Officers, Directors, & Affiliates	Payments to Others					
	Salaries and fees	□ \$	□ \$					
	Purchase of real estate	★ \$11,700,000	□ \$					
	Purchase, rental or leasing and installation of machinery and equipment	S	□ \$					
	Construction or leasing of plant buildings and facilities	" \$	□ \$					
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	" \$	□ \$					
	Repayment of indebtedness	S	□ \$					
	Working capital	□ \$	x \$ 3,783,050					
	Other (specify): Loan Fees	□ \$	× \$400,000					
		S	<u> \$</u>					
	Column Totals	\$	\$					
	Total Payments Listed (column totals added)	x \$1:	5,883,050					
	D. FEDERAL SIGNATURE							
follo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If wing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exc staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraphs.	hange Commission, u	ipon written request					
	r (Print or Type)	Da	te (14/124					
	CO NORTHWEST FUND I, LLC e of Signer (Print or Type) Title of Signer (Print or Type)		1101					
Jon	n Bliss Senior Vice President of Unico I	nvestment Com	pany, Manager					
_	ATTENTION							
1	Intentional misstatements or omissions of fact constitute federal criminal v	riolations. (See 1	18 U.S.C. 1001.)					